



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121038

| | |
|------------------------------------|-----------------|
| 1. DATE OF REPORT 2/23/2012 | OFFICE USE ONLY |
|------------------------------------|-----------------|

INSTRUCTIONS ON REVERSE SIDE

| | |
|--|--|
| 2. FULL NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP | |
| 3. COMMITTEE MAILING ADDRESS 10 LESLIE LANE CITY / STATE / ZIP COLUMBIA MO 65202 | 4. COMMITTEE TELEPHONE NUMBER (573) 256-0174 |
| 5. TREASURER'S NAME LISA GROSHONG | |
| 6. TREASURER'S MAILING ADDRESS 1201 SUNSET LANE CITY / STATE / ZIP COLUMBIA MO 65203 | 7. TREASURER'S TELEPHONE NUMBER HOME: (573) 442-2227 WORK: (573) 442-2227 |
| 8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER VICKI HOBBS | |
| 9. DEPUTY TREASURER'S MAILING ADDRESS 4001 SOUTH COATS LANE COLUMBIA MO 65203 CITY / STATE / ZIP | 10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 445-4940 WORK: (573) 445-4940 |
| 11. DATE OF ELECTION 4/3/2012 | 12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL |
| 13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/18/2012 THROUGH 2/18/2012 | |
| 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY MICHAEL TRAPP 10 LESLIE LANE COLUMBIA M O 65202 (573) 256-0174 COUNCIL PERSON CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN | 15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input checked="" type="checkbox"/> OTHER 40 Day Before General Election-4/3/2012 <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ |
| 16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 23 2012 3:23PM _____ TREASURER'S SIGNATURE | 17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 23 2012 3:23PM _____ CANDIDATE'S SIGNATURE |



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

| | | |
|-----------------------------|----------------|-----------------|
| Name of Committee | Date of Report | Office Use Only |
| NEIGHBORS FOR MICHAEL TRAPP | 2/23/2012 | |

| Receipts | | A. This Period | B. This Calendar Yr or Election Cycle | Statement of Beginning and Ending Financial Condition | |
|--|---|----------------|--|--|-------------|
| 1. Total Receipts For This Election Previously Reported | | | \$ 0.00 | | |
| 2. All Monetary Contributions Received This Period | | \$ 1,750.00 | | | |
| 3. All Loans Received This Period | | + 500.00 | | | |
| 4. Miscellaneous Receipts This Period | | + 0.37 | | | |
| 5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A) | | \$ 2,250.37 | | | |
| 6. In-kind Contributions Received This Period | | + 0.00 | | | |
| 7. Total All Receipts This Period (Sum 5A + 6A) | | \$ 2,250.37 | | | |
| 8. Total All Receipts This Election (Sum 1B + 7A) | | | \$ 2,250.37 | | |
| Expenditures | | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 9. Total Expenditures for this election previously reported | | | \$ 0.00 | | |
| 10. Expenditures made by cash or check this period | | \$ 6.12 | | | |
| 11. In-Kind Expenditures made this period | | + 0.00 | | | |
| 12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3) | | + 254.28 | | | |
| 13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3) | | \$ 260.40 | | | |
| 14. Total Expenditures This Election (Sum 9B + 13A) | | | \$ 260.40 | | |
| Contributions Made | | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 15. Total Contributions Made For This Election Previously Reported | | | \$ 0.00 | | |
| 16. All Contributions Made This Period (25A or 25B of CD3) | A | 0.00 | ↔ Cash/Check | | |
| | B | 0.00 | ↔ Credit Card | | |
| 17. All In-Kind Contributions Made This Period | | + 0.00 | | | |
| 18. Total Contributions Made This Period (Sum 16A + 17A) | | \$ 0.00 | | | |
| 19. Total All Contributions Made This Election (Sum 15B + 18A) | | | \$ 0.00 | | |
| Other Disbursements | | A. This Period | B. This Calendar Yr or Election Cycle | | |
| 20. Funds Used For Paying Loans This Period Including Credit Card Payments | | + 0.00 | | | |
| 21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only) | | + 0.00 | | | |
| 22. Any Miscellaneous Disbursement Not Reported Elsewhere | | + 0.00 | | | |
| 23. Total Other Disbursements This Period (Sum 20A + 21A + 22A) | | \$ 0.00 | | | |
| | | | | 24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments) | \$ 0.00 |
| | | | | 25. Monetary Receipts this Period (From Item 5 - this page) | + 2,250.37 |
| | | | | 26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 6.12 b) Disbursements By Cash \$ 0.00 | - 6.12 |
| | | | | 27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26) | \$ 2,244.25 |
| | | | | Indebtedness | |
| | | | | 28. Outstanding Indebtedness at the beginning of this period | \$ 0.00 |
| | | | | 29. Loans Received This Period | + 500.00 |
| | | | | 30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3) | + 254.28 |
| | | | | B. New Contributions Made by Credit Card (Line 25B CD3) | + 0.00 |
| | | | | 31. Payments Made on Loans This Period | - 0.00 |
| | | | | 32. Debt Forgiven on Loans This Period | - 0.00 |
| | | | | 33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page) | - 0.00 |
| | | | | 34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33) | \$ 754.28 |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

| | | | |
|--|--|---|---|
| 1. NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP | | 2. REPORT DATE 2/23/2012 | |
| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) | | | |
| NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | | \$ ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| 6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5) | | \$ 0.00 | |
| 7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES | | + \$ 1,750.00 | |
| 8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7) | | \$ 1,750.00 | |
| 9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS | | \$ 1,750.00 | |
| 10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS | | \$ 0.00 | |
| B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS) | | AMOUNT RECEIVED | |
| 11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A | | \$ 0.00 | |
| 12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS | | \$ 0.00 | |
| 13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS | | \$ 0.00 | |
| 14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS | | \$ 0.00 | |
| C. LOANS RECEIVED | | | |
| 15. NAME AND ADDRESS OF LENDER | | 16. DATE RECEIVED | 17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B) |
| NAME: Michael Trapp ADDRESS: 10 E Leslie Ln CITY / STATE: Columbia MO 65202 | | 1/18/2012 | \$ 100.00 |
| NAME: ADDRESS: CITY / STATE: | | | \$ |
| 18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17) | | \$ 100.00 | |
| 19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES | | \$ 400.00 | |
| 20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19) | | \$ 500.00 | |
| 21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14) | | \$ 0.00 | |
| 22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13) | | \$ 1,750.00 | |
| 23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20) | | \$ 2,250.00 | |



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|--|-------------------|
| NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP | DATE 2/23/2012 |
|--|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Ken and Julianne Midkiff CITY / STATE: 1005 Belleview Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 2/12/2012 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: William and Betty Kneal CITY / STATE: 13301 Ida Center Rd Ida MI 48140 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 2/13/2012 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Joe and Meredith Donaldson CITY / STATE: 1001 Pheasant Run Columbia MO 65201 EMPLOYER: MU -- professor <input type="checkbox"/> COMMITTEE: | 2/14/2012 ----- \$ 20.00 | \$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Dee Dokken CITY / STATE: 804 Again Columbia MO 65203 EMPLOYER: Univ of MO -- Nurse <input type="checkbox"/> COMMITTEE: | 2/14/2012 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Wayne and Rachel Brekhuis CITY / STATE: 703 Hilltop Columbia MO 65201 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE: | 2/15/2012 ----- \$ 300.00 | \$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Ed Ricciotti CITY / STATE: 1917 E Walnut Apt 101 Columbia MO 65201 EMPLOYER: ACT -- Social Worker <input type="checkbox"/> COMMITTEE: | 2/15/2012 ----- \$ 25.00 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kee Groshong CITY / STATE: 201 West Blvd S Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 2/15/2012 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jay and Nancy Whiteside CITY / STATE: 346 N Rollston Fayetteville AR 72701 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 2/15/2012 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|--|-------------------|
| NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP | DATE 2/23/2012 |
|--|-------------------|

INSTRUCTIONS

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|---|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Karl Kruse CITY / STATE: 2405 Lynnwood DR Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 2/16/2012 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kristin Baker CITY / STATE: 1403 Lowe Columbia MO 65203 EMPLOYER: VA Hospital -- Social Worker <input type="checkbox"/> COMMITTEE: | 2/17/2012 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Dan and Mary Hooley CITY / STATE: 503 W Lathrop Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE: | 2/17/2012 ----- \$ 40.00 | \$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Brent and Linda Lowenberg CITY / STATE: 210 Russell Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 2/17/2012 ----- \$ 25.00 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Linda Reeder & David Tager CITY / STATE: 401 W Broadway Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE: | 2/18/2012 ----- \$ 25.00 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Ginny Muller CITY / STATE: 302 Anderson Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE: | 2/10/2012 ----- \$ 30.00 | \$ 30.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Jeremy Root CITY / STATE: 2417 Beachview Dr Columbia MO 65203 EMPLOYER: Stinson Morrison Hecker -- Attorney <input type="checkbox"/> COMMITTEE: | 2/10/2012 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Paul Wallace CITY / STATE: 503 Taylor St Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE: | 1/24/2012 ----- \$ 25.00 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

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|--|-------------------|
| NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP | DATE 2/23/2012 |
|--|-------------------|

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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| A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. | 4. DATE RECEIVED ----- AGGREGATE TO DATE | 5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND) |
|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Sunshine Cleaning Unlimited LLC CITY/STATE: 8 E Leslie Ln EMPLOYER: Columbia MO 65205 <input type="checkbox"/> COMMITTEE: | 1/30/2012 ----- \$ 150.00 | \$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Diane Booth CITY/STATE: 3609 Holly Hills Ct EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE: | 1/28/2012 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: John and Stephanie Branham CITY/STATE: 5720 N Autumn Dr EMPLOYER: Columbia MO 65202 Homelessness Resource Center -- Service Provider <input type="checkbox"/> COMMITTEE: | 1/31/2012 ----- \$ 10.00 | \$ 10.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Kevin Webb-Rogers CITY/STATE: 10 E Leslie Ln EMPLOYER: Columbia MO 65202 Public Defenders Office -- Clerk <input type="checkbox"/> COMMITTEE: | 1/31/2012 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Amy Bantz CITY/STATE: 1611 Windsor St EMPLOYER: Columbia MO 65201 Univ of MO -- Social Worker <input type="checkbox"/> COMMITTEE: | 1/31/2012 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Michael Lefebvre CITY/STATE: 613 Morningside Dr EMPLOYER: Columbia MO 65201 Ragtag Cinema -- Theatre Manager <input type="checkbox"/> COMMITTEE: | 1/31/2012 ----- \$ 50.00 | \$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Anne Hessler CITY/STATE: 411 Westmount Ave EMPLOYER: Columbia MO 65203 Columbia College -- Professor <input type="checkbox"/> COMMITTEE: | 2/2/2012 ----- \$ 25.00 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Trevor Harris CITY/STATE: 1201-B Sunset Ln EMPLOYER: Columbia MO 65203 Central MO Community Action -- Organizer <input type="checkbox"/> COMMITTEE: | 2/2/2012 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

| | |
|--|-------------------|
| NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP | DATE 2/23/2012 |
|--|-------------------|

INSTRUCTIONS

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|--|---|---|
| 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Mahree Skala CITY / STATE: 5201 Gasconade Dr Columbia MO 65203 EMPLOYER: Self-employed -- Public Health Consultant <input type="checkbox"/> COMMITTEE: | 2/2/2012 ----- \$ 100.00 | \$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: Charles and Lori Franz CITY / STATE: 501 Westmount Ave Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE: | 2/8/2012 ----- \$ 25.00 | \$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |
| NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE: | ----- \$ | \$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND |

TOTAL: ITEMIZED CONTRIBUTIONS

| |
|----|
| -- |
|----|

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☒ LOAN RECEIVED

☐ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

NEIGHBORS FOR MICHAEL TRAPP

REPORT DATE

2/23/2012

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER

Michael Trapp
10 E Leslie Ln
Columbia MO 65202

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

Michael Trapp
10 E Leslie Ln
Columbia MO 65202

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

1/20/2012

5. AMOUNT OF LOAN

\$

400.00

6. ANNUAL RATE OF INTEREST

0

%

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

none

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

none

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT
OR CREDIT

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

| | | | |
|---|--|-----------------------------|--|
| 1. Name of Committee NEIGHBORS FOR MICHAEL TRAPP | | 2. Report Date 2/23/2012 | |
| A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below) | | | 4. Amount Paid or Incurred This Period |
| 3. Category of Expenditure | | | |
| View Supplemental Form(s) | | | |
| 5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4) | | | \$ 0.00 |
| 6. Subtotal: Non-Itemized Expenditures Any Attached Pages | | | + 260.40 |
| 7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6) | | | \$ 260.40 |
| B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers | | 9. Date | 10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid) |
| 8. Name and Address of Recipient | | | 11. Amount This Period |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Paid |
| City / State: | | | <input type="checkbox"/> Incurred |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Paid |
| City / State: | | | <input type="checkbox"/> Incurred |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Paid |
| City / State: | | | <input type="checkbox"/> Incurred |
| 12. Subtotal: This Page (Sum Column 11) | | | \$ 0.00 |
| 13. Subtotal: Any Attached Pages | | | + 0.00 |
| 14. Total: Itemized Expenditures This Period (Sum 12 + 13) | | | \$ 0.00 |
| 15. Total: Monetary Expenditures This Period (Sum 7 + 14) | | | \$ 260.40 |
| 16. Amount of Line 15 Above which was Paid Out This Period | | | \$ 6.12 |
| 17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards | | | \$ 254.28 |
| 18. If Committee Made Any In-Kind Expenditures This Period, List Amount | | | \$ 0.00 |
| 19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II) | | | \$ 0.00 |
| C. Contributions Made (Regardless of Amount) | | 21. Date | 22. Amount |
| 20. Name and Address of Candidate or Committee | | | |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Monetary |
| City / State: | | | <input type="checkbox"/> In-Kind |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Monetary |
| City / State: | | | <input type="checkbox"/> In-Kind |
| Name: | | | \$ |
| Address: | | | <input type="checkbox"/> Monetary |
| City / State: | | | <input type="checkbox"/> In-Kind |
| 23. Subtotal: This Page (Sum Column 22) | | | \$ 0.00 |
| 24. Subtotal: Any Attached Pages | | | \$ 0.00 |
| 25. Total: Monetary Contributions Made This Period | | A. By Cash / Check | \$ 0.00 |
| | | B. By Credit Card | \$ 0.00 |
| 26. If Committee Made Any Loans This Period, List Amount | | | \$ |
| 27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26) | | | \$ 0.00 |
| 28. Total: In-Kind Contributions Made This Period, List Amount | | | \$ 0.00 |



2

| | | |
|---|----|-------------------------------------|
| NAME OF COMMITTEE NEIGHBORS FOR MICHAEL TRAPP | | DATE 2/23/2012 |
| EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B) | | AMOUNT PAID OR INCURRED THIS PERIOD |
| CATEGORY OF EXPENDITURE | | |
| Copies | \$ | 170.37 |
| Office supplies | \$ | 14.99 |
| Website domain | \$ | 15.00 |
| Monthly campaign cell phone charge | \$ | 53.92 |
| PayPal fees | \$ | 6.12 |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
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| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| TOTAL: ITEMIZED EXPENDITURES THIS PAGE | | |
| (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3) | \$ | -- |



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C121038

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Receipt:

Paypal verification deposits

Amount: 0.35

Miscellaneous Receipt:

Miscellaneous change received

Amount: 0.02